

[Redacted]

[Redacted]

October 30, 2014

To Whom It May Concern

This letter is to verify that [Redacted] is currently residing at [Redacted] a transitional housing program for homeless men since October 14, 2014. [Redacted] provides basic needs and case management assistance for [Redacted]

[Redacted] current address is:

[Redacted]  
[Redacted]  
[Redacted]  
Silver Spring, MD 20910

If you require additional information please contact me at [Redacted] or via email [Redacted]

Thank you.

[Redacted]  
[Redacted]  
Case manager/ Staff Supervisor  
[Redacted]  
[Redacted]

Tel: [Redacted] ext [Redacted]

Fax: [Redacted]